

Sexual Assault and Victim Advocacy

Laura Clary, BSN, RN, FNE-AP, SANE-A
Clinical Program Manager/ Forensic Nurse Examiner
GBMC SAFE & Domestic Violence Program



Objectives

- Differentiate between Abuse & Assault
- Discuss the VAWA Options
- Discuss the role of the Victim Advocate
- Discuss cases where domestic violence and child abuse intersect
- Discuss the importance of a functioning SART



How does a Patient Present to the Hospital?

- Alone or with a support person
- With a Parent or Caregiver
- With Police
- With a Social Worker
- Transferred from another hospital, PCP or Clinic
- With their abuser (child abuse, DV, trafficking)



Abuse / Assault

What's the Difference???



Abuse

- Child abuse refers specifically to parents and other caregivers whom have permanent or temporary custody or responsibility for the supervision of a child OR by any household or family member. (Citation: Fam. Law § 5-701).
- A "child" under this definition generally means a person who is younger than age 18 or who is not an emancipated minor.
- So, if the incident occurred with a household member or person listed above, we are required by law and **MUST REPORT** to the appropriate agency.



Mandated Reporting

- You only need to have reasonable suspicion to report, you do not need definitive proof.
- What is “reasonable suspicion”? Objective suspicion based on specific or articulable facts. Can you articulate and explain why you think the child is being abused?



Sexual Assault

(Laws vary by state)



- For victims 17 and under....
 - Sexual assault is any type of sexual contact that occurs by using force or without the explicit consent of the recipient. Falling under the definition of sexual assault are sexual activities such as forced sexual intercourse, forcible sodomy, fondling, and attempted rape, that is NOT committed by someone who has care and/or custody over the victim.

SEXUAL ASSAULT IS NOT A MANDATED REPORT



VAWA Options

(Pertains to patients 13 & Older)

- **Option 1:** Report to Law Enforcement for the purpose of initiating an investigation and conducting a SAFE Exam
- **Option 2:** Delay reporting to police, SAFE Exam conducted and evidence is stored for 20 years in the State of Maryland (procedures vary by jurisdiction). Victim may report to Law Enforcement at any point, no statute of limitation in the state of Maryland. Kit will not be tested unless victim comes forward and reports.
- **Option 3:** No reporting to Law Enforcement, No SAFE Exam. Patient may prefer to have medical treatment only. No evidentiary collection.



GBMC SAFE Program Report of Alleged Sexual Assault Informed Consent	Patient Label
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I, _____ (patient) hereby present to _____ stating that I am a victim of a sexual assault that occurred within the past 5 days/ 120 hours. I have been presented with the following options, which have been fully explained to me:

A. I request a Sexual Assault Forensic Examination (SAFE) and Law Enforcement report and investigation. The Baltimore County Police Department will be contacted by hospital personnel via 911 to immediately initiate an investigation of this allegation.

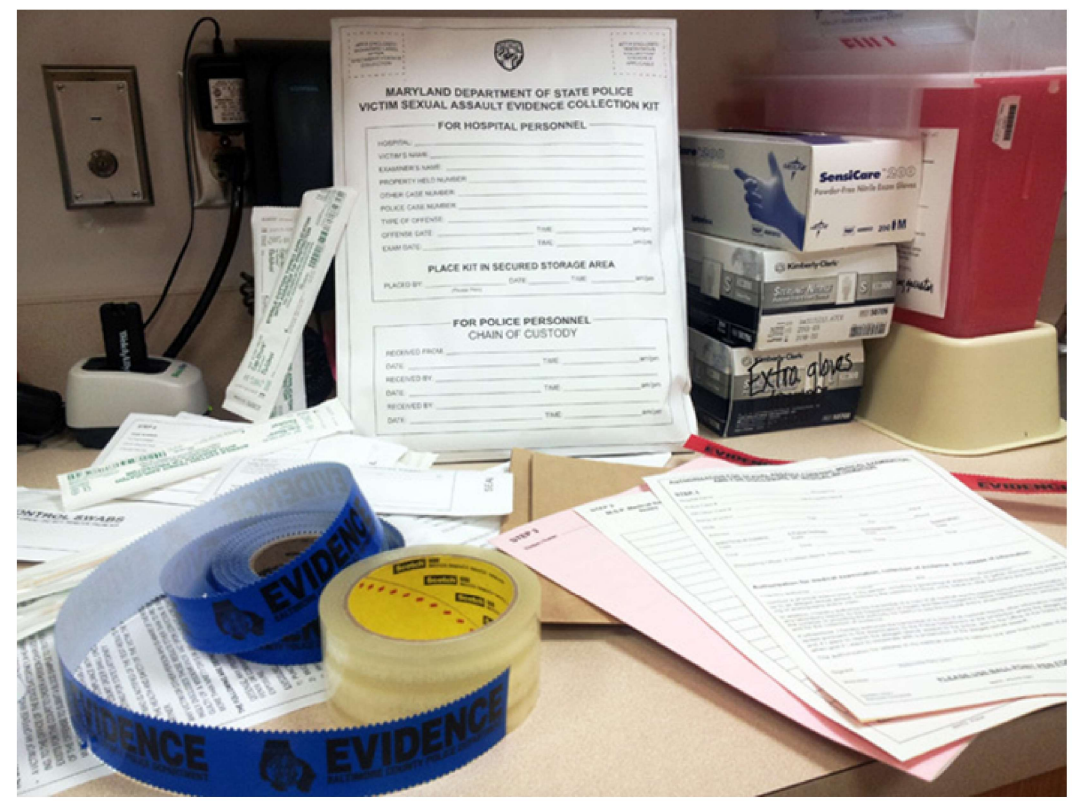
Signed: _____ Print: _____
 Date: _____ Time: _____
 Forensic Nurse/ Witness: _____

B. I request a Sexual Assault Forensic Examination (SAFE) and choose to delay the reporting of this incident to Law Enforcement at this time. By taking this action, I understand and acknowledge that a thorough Law Enforcement investigation will **NOT** be initiated immediately. I also understand and acknowledge that a delay in Law Enforcement can significantly hinder the investigation, successful arrest and prosecution of an alleged suspect in this case. I understand and acknowledge that if, I choose to do so, **I am responsible for contacting the Baltimore County Police Department- Special Victims Unit (410) 887-2223 to initiate a Law Enforcement investigation. I understand and acknowledge that the evidence collected will be held for at least 20 years, and will not be tested unless otherwise specified.** I understand that delay or failure to contact the police to report this incident may hinder or preclude a Law Enforcement investigation of my allegations. I understand that time is of the essence in an investigation and that if I wish to collaborate with Law Enforcement I should advise the Baltimore County Police Dept. at the number above as soon as possible.

Signed: _____ Print: _____
 Date: _____ Time: _____ CC# _____
 Forensic Nurse/ Witness: _____

C. I wish to receive a medical evaluation by an Emergency Department Clinician and, if necessary, appropriate treatment. I understand that no SAFE exam or evidence collection/preservation will be undertaken.

Signed: _____ Print: _____
 Date: _____ Time: _____
 Forensic Nurse/ Witness: _____



What about when victims present to hospitals without a SAFE Program??

- Be sure to offer 3-options when appropriate
- Contact proper authorities when appropriate
- Make this patient a **PRIORITY**. Medically clear/ treat emergent needs
- Try not to let the patient eat or drink, no wiping, no feminine hygiene wipes. If there is any chance that the patient will be having a SAFE Exam... **NO PELVIC Exam**.
- Facilitate getting the patient to the appropriate SAFE Center for treatment as soon as possible. ALL Hospitals should have a policy and protocol in place.



Case Study One

- 14 y/o Female presents to the Emergency Department with a friend. Patient reports that she snuck out of her home last night to go to a party. She reports that she “smoked a little pot and had one beer”, and met up with a guy that is in one of her classes at school. She liked him, so she decided to go upstairs with him to talk. Once they were alone in the room, he became aggressive. He pushed her onto the bed, forcibly removed her pants, and forced penile-vaginal penetration. Patient reports that he held his hand over her mouth and told her that no one would believe that he did this to her.
- Patient does not want her parents to know, has not yet involved police.

Would you notify police?

What options would you provide?



Case Study Two

- 16 y/o Female presents to the Emergency Department with a older male friend. She complains of burning with urination and “greenish” vaginal discharge. Patient rarely makes eye contact, and is not forthcoming when questioned about medical and social history. Her friend refuses to leave the room during physical examination. After testing the patient is diagnosed with two sexually transmitted diseases. Once you manage to get the patient alone she discloses that she is a runaway because she did not like her foster family. She says that her friend is actually her boyfriend and they live together, she helps him pay rent along with 2 other female roommates. She admits to exchanging sex for money with men that she meets on BackPage. Her boyfriend runs her BackPage Ads. She says that she does this voluntarily, and that her boyfriend treats her well.

What would you do? Should this be reported??



Suspected Sex Trafficking of a Minor (17 & under) is a Mandated Report!



- In 2012, Maryland law changed to reflect that human trafficking and child pornography are considered child abuse.
- Changes the perception from the child from criminal to victim of a crime & allows a trafficker to be defined as a “caretaker” in order for the child to receive the assistance of DHR
- A child victim of trafficking is considered a Child In Need of Assistance



Role of Victim Advocacy in Adolescent Assault Cases



- In particular, adolescents may feel responsible for their victimization, especially if they were engaging in behaviors that they feel made them more vulnerable (drinking, breaking curfew, disobeying parents, etc.)

An Advocate is specially trained to help facilitate these difficult conversations



Role of Victim Advocacy in Adolescent Assault Cases

- Remember: these are separate issues. Poor judgement on the part of a teenager does not mean he or she deserved to be assaulted.
- Sometimes parents may need help understanding that if an assault happens to their child, it is very important that a sense of control be restored to the victim. That means that adolescents need to regain a feeling of agency over their body and choices and, as much as possible.
- Parents need to support their child's decisions.



ADVOCATE.
SUPPORT.

A graphic featuring the words "ADVOCATE." and "SUPPORT." in a bold, white, sans-serif font. The text is positioned on the left side of a rectangular area. To the right of the text, there are two hands, one in a teal circle and one in a purple circle, both reaching out towards the center. The background is a light gray with a subtle texture.

An Advocate is specially trained to help facilitate these difficult conversations





SAFE PROGRAM

FACT SHEET

FOR PARENTS, GUARDIANS & CUSTODIANS OF MINOR CHILDREN

There are occasions when a minor child is brought to the GBMC SAFE program for a forensic examination when a sexual assault is alleged. For a parent or custodian of a minor, Maryland law is very specific about the rights of the child regarding consent for medical treatment under these circumstances so this Fact Sheet will try to answer some of the common questions you may have.

1. What Maryland law addresses consent by minors for an examination following an alleged sexual assault?
 - Health-General, 20-102 – Maryland Minor Consent Act
 - A minor has the same capacity as an adult to consent to:
 - i. Physical examination and treatment of injuries from an alleged rape or sexual offense;
 - ii. Physical examination to obtain evidence of an alleged rape or sexual offense
2. At what age is a person considered a minor?
 - A person under the age of 18 years
3. I want my child examined to determine if she has been raped.
 - First, the SAFE exam will not make a determination about whether a rape has occurred. The SAFE exam is a medical-forensic examination to collect potential biological evidence which is then taken to the Baltimore County Police Dept. to be available for analysis if warranted.
 - Second, the minor child will need to give consent for the SAFE examination to be conducted after the SAFE RN has explained the examination to the child.
 - Lastly, the minor child can refuse to have the SAFE examination and decline to report the alleged assault to law enforcement.
 - A parent/ care provider cannot request a SAFE examination.
4. I thought healthcare providers must report rape or sexual assault to police.
 - Minors must give permission for a healthcare practitioner to report a sexual assault if the perpetrator was NOT “a parent or other person who has had permanent or temporary custody or responsibility for supervision of a child or by any household or family member”.
 - i. So, if the alleged assault occurred with a household member or person listed above, we are required by law and MUST REPORT the assault to law enforcement.
5. If my child refuses to have the SAFE examination how can he/she be protected against STI's and pregnancy?
 - Your child can be seen by their primary care provider, clinic or here to receive antibiotics and emergency contraception that will protect against those conditions.



When Kids Fall through the Cracks...



Case Study Three

- When Domestic Violence & Child Abuse Intersect
Discussion



What are the feelings of children who are exposed to violence in the home?



- They are always on guard, watching and waiting for the next event to occur.
- They never know what will trigger the abuse, and therefore, they never feel safe.
- They are always worried for themselves, their mother, and their siblings. They may feel worthless and powerless.
- Children of abuse feel isolated and vulnerable. They are starved for attention, affection and approval.
 - Because mom is struggling to survive, she is often not present for her children.
 - Because dad is so consumed with controlling everyone, he also is not present for his children.
- **These children become physically, emotionally and psychologically abandoned**



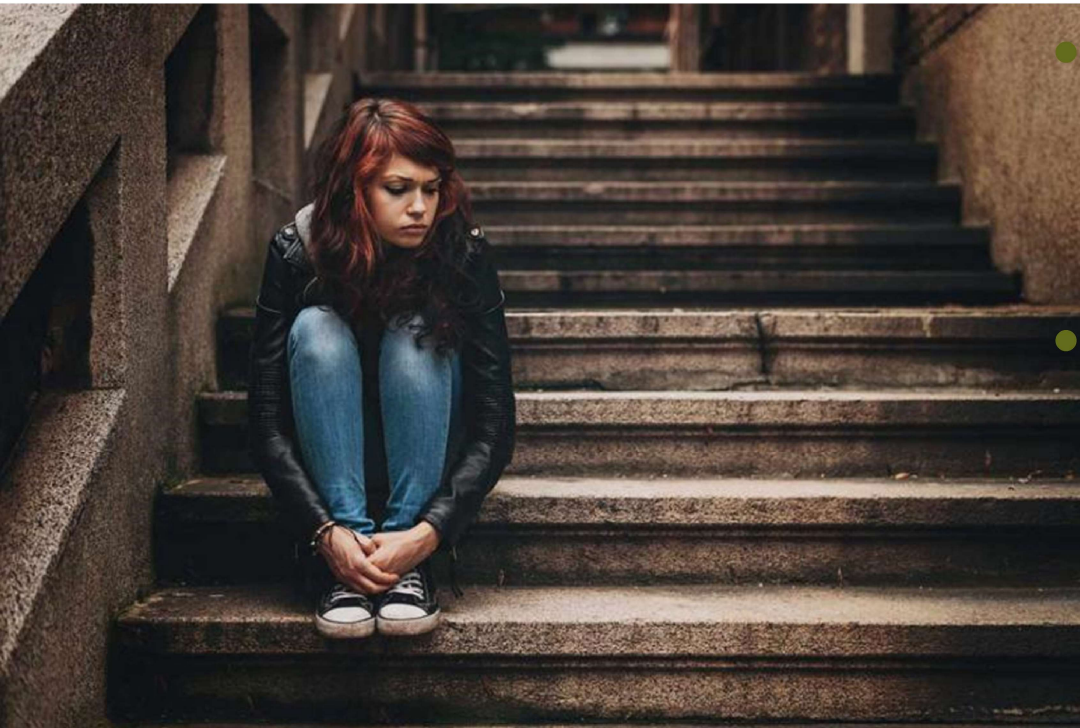
Cycle of Abuse



- Most experts believe that children who are raised in abusive homes learn that violence is an effective way to resolve conflicts and problems.
- They may replicate the violence they witnessed as children in their teen and adult relationships and parenting experiences.
- Boys who witness their mothers' abuse are more likely to batter their female partners as adults than boys raised in nonviolent homes.
- For girls, adolescence may result in the belief that threats and violence are the norm in relationships.



Teenage Years



- Children from violent homes have higher risks of alcohol/drug abuse and post traumatic stress disorder.
- Witnessing domestic violence is the single best predictor of juvenile delinquency and adult criminality.

It is also the number one reason children run away!





Multidisciplinary Approach



Baltimore County Sexual Assault Response Team (SART)

- The SART promotes ongoing dialogue and information sharing among community and professional organizations/agencies that respond to sexual violence.
- Supports the safety, justice and autonomy of all victims and survivors of sexual violence.
- Meets Bi-monthly at GBMC
- Agenda requests are sent out one to two weeks prior to meeting by the SART Chair person



Baltimore County SART Members

- GBMC Forensic Nurse Examiners
- Law Enforcement (SVU & CACU)
- SA & DV Victim Advocates
- Community Rape Crisis Center Representative
- Maryland Coalition Against Sexual Assault (MCASA) Representative
- Social Workers
- Child Protection Team Representative
- Baltimore County Crime Lab Representative
- Attorneys (Sex Offense and Child Abuse Division & Human Trafficking Division)
- College/University Representatives (Title IX Coordinators, Campus Police)



References

- Child Welfare Information Gateway. (2016). *Definitions of Child Abuse and Neglect*. Retrieved from <https://www.childwelfare.gov/pubPDFs/define.pdf>
- Maryland Human Trafficking Task Force. (2017). *Report Abuse*. Retrieved from <http://www.mdhumantrafficking.org/reporting/>
- National Sexual Violence Resource Center. (2015). *Sexual Assault Response Team*. Retrieved from <http://www.nsvrc.org/projects/sexual-assault-response-teams-sart-0>

